



# County of San Diego

## HEALTH AND HUMAN SERVICES AGENCY

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HIV, STD and Hepatitis  
Maternal, Child and Family Health Services  
Public Health Laboratory  
PH Nursing  
Border Health  
TB Control & Refugee Health  
Vital Records

CSA-17 Advisory Committee  
Barbara Cerny, Chair/Lee Haydu, Vice-Chair  
c/o Emergency Medical Services  
6255 Mission Gorge Road  
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## CSA-17 ADVISORY COMMITTEE MEETING

### Minutes

Tuesday, August 7, 2012

#### Members Present

Cerny, Barbara – Torrey Pines Comm. Planning Group  
Haydu, Lee – City of Del Mar  
Hickerson, Tom – Rancho Santa Fe Fire  
Marquardt, Larry – Member-at-Large  
Muir, Mark – City of Encinitas  
Tanner, John – Rancho Santa Fe Fire (Alt)  
Zovanyi, Peter – Member-at-Large

#### County Staff Present

Beam, Jamie  
Cavanaugh, Adria  
Metz, Marcy  
Yaghmaee, Saman

#### Agency Representatives Present

Davidson, Bret – Rancho Santa Fe Fire Dept  
Gilligan, Matt – Rural Metro  
Henry, Scott – Encinitas Fire  
Johnson, Wayne – Rural Metro  
Michel, Tony – Rancho Santa Fe Fire Dept  
Murphy, Mary – CSA-17 Fire Departments  
Olejnik, Lorelee – Rural Metro  
Russo, Joe – Rural Metro  
Serra, John – Rural Metro  
Twohy, Frank – Elfin Forest/Harmony Grove  
Ward, Darrin – Encinitas Fire Dept

#### Recorder

Wolchko, Janet I.

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Barbara Cerny, Chair called the meeting to order at 4:07 p.m.

## II. APPROVAL OF MINUTES

**A motion was made by Peter Zovanyi, seconded by Tom Hickerson to approve the minutes from the May 1, 2012 meeting. Some members that were present at the May meeting were not available to approve the minutes; therefore, the May minutes will be approved at the next CSA-17 Advisory Committee meeting in November.**

### **III. PUBLIC COMMENTS/PETITIONS**

There were none present or submitted.

### **IV. MANAGEMENT TEAM REPORT**

#### **A. Budget and Finance Report**

County staff presented the fiscal year 2011/12 year end financial report to the Advisory Board. Revenue from transport of residents is currently at \$695,590 and \$147,266 for non-residents. Benefit fee revenue has seen a slight growth from \$1,349,105 in FY 2010/11 to \$1,367,330 in FY 2011/12. Property tax revenue for FY 2011/12 is at \$997,386 compared to \$987,298 in FY 2010/11. Interest is down slightly from \$20,352 in FY 2010/11 to \$16,360 in FY 2011/12.

Total revenue for FY 2011/12 is \$3,250,932 compared to \$2,356,755 in FY 2010/11. Total expenditures for FY 2011/12 are \$3,217,827 compared to \$2,642,615 in FY 2010/11.

#### **1. Overview of County Budget Process**

- a. The annual budget cycle starts July 1 and ends on June 30. Budget builds are conducted every year for two fiscal years of operations by CSA administration staff in conjunction with the Budget Division of HHSA and County's Auditor and Controller Department. The biennial budget process begins in February. A "standard" budget template from the HHSA budget division of the County is prepared for CSA-17 with information received from the prior two years, and includes adjustments for changes during the fiscal year. The "Fund Balance" process reviews the expenditures and revenue on a quarterly basis to project expenditures and revenues. The entire budget process takes about 14 to 16 weeks.

Residents of CSA-17 pay a benefit fee as part of their property tax bill. The ordinance that established the special benefit tax included an annual adjustment to the tax based on the increase in the Consumer Price Index (CPI) for San Diego area as determined by the US Department of Labor. The County Treasurer/Tax Collector transfers a portion of property taxes collected by the County to CSA-17 semi-annually.

- b. In November 2010 the Advisory Committee members approved a resident user fee of \$400 per resident transport plus \$20 per mile charge to those who are transported to a hospital by a CSA-17 provider. Without the addition of a resident user fee and the changes in billing, CSA-17 would have faced a deficit of \$351,931 for FY 2011/12.

- c. Money from property taxes and benefit fees does not come into the account until the 3<sup>rd</sup> and 4<sup>th</sup> quarter of the fiscal year; therefore, 120 days of cash should be in the cash reserve account to cover expenditures in the first two quarters of the fiscal year. To maintain a healthy cash flow there needs to be approximately 1/3 of the expenditures in the reserve, which is about \$1 million.
- d. The CSA-17 account will continue to be updated until the end of August. The final close of the FY will be available by the next quarterly Advisory meeting in November.

Questions regarding streamline of revenue and collection rates were discussed. Sources of revenue are from benefit fees and property taxes which have seen a growth at 2 percent over the past six (6) years. The percentage of collections is determined by several factors and varies with the profile of the community, how patients pay for transports, are they self insured, uninsured, or is Medical their primary insurance. Over 80 percent of CSA-17 residents have commercial insurance.

2. Budget Subcommittee

CSA-17 has an Operations Subcommittee and a Budget Subcommittee. It was recommended that the CSA-17 Advisory Committee reconvene the Budget Subcommittee to review the FY 2012/13 budget.

Appointments to the Budget Subcommittee were made.

**Action item: A motion was made by Peter Zovanyi to appoint Barbara Cerny and Mark Muir to the Budget Subcommittee. Peter Zovanyi agreed to serve as an alternate. Motion passed.**

B. Administrative Report (Marcy Metz, Chief EMS)

1. June 7, 2012 was “*Sidewalk CPR Day*” throughout the County of San Diego in collaboration with the American Heart Association (AHA), American Red Cross (ARC) and San Diego Project Heartbeat. There were 30 agencies that participated at 52 locations throughout San Diego County to teach adult compression only CPR. The County trained a total of 3,048 individuals - the total for southern California was 12,700. In the CSA-17 area there were six locations with a total of 347 participants trained. “*Sidewalk CPR Day*” will become an annual event. A special thanks was given to Project Heartbeat for donating 300 mannequins that were used during the demonstrations.

An incident occurred a few days after the event where a 29 year old female collapsed during a workout and a bystander that was a participant and was trained during “*Sidewalk CPR Day*” felt confident to assess the victim and started compression only CPR until the paramedics arrived. That patient was later released.

2. The iQCS prehospital computer system is moving into the implementation phase. Training will start soon.

3. The State EMS Commission is meeting in San Diego on September 19<sup>th</sup> at the Kona Kai Resort on Shelter Island from 10:00 am to 1:00 pm.
4. Regulations expected to be release are for specialty care systems, cardiac, stroke and EMS for Children.
5. The State EMS Authority (EMSA) convened a working group to review information on a Community Paramedic Program. The community paramedicine program is currently in place in other areas of the nation. Within the program, paramedics will be able to perform roles in addition to their 911 response to emergencies. The California Healthcare Foundation through UC Davis and the program contractors will be reviewing the policy issues and legislative restrictions, and how the program will fit into the healthcare system.

C. Medical Director's Report

There was no Medical Director's Report.

D. Paramedic Provider Report (Matt Gilligan)

1. Compliance reports from the first quarter were provided. Training for the online compliance utility has started and data reports from April are being worked on. That information will be available at the next meeting.
2. There was a concern regarding the affect of the Del Mar Thoroughbred Club on emergency response. The track had zero (0) responses and there was only one response in the morning on Villa de la Valle.
3. Joe Russo, Chief Davidson and Mary Murphy coordinated a number of Continuing Education (CE) classes including medication administration review and San Diego County protocol updates which is required for all paramedics. A Scripps Encinitas ER group taught and reviewed environmental injuries and trauma.
4. Community Education Events: (Loralee Olejnik)
  - On August 25<sup>th</sup> there will be a community "Feeling Fit Festival" at Leo Mullins Sports Park in the City of Encinitas.
  - Project Heartbeat celebrated their 100<sup>th</sup> life save.
  - CPR Training: There will be CPR training for kids at Saturday's Padre baseball game; CPR training was given on the Midway Museum; 230 students were trained in CPR at UCSD summer camp. On September 8<sup>th</sup> there will be CPR training at the San Diego Children's Museum.
  - In the fall there will be a Senior Information Fair in Solana Beach.
  - Community education is going to sponsor the Rancho Santa Fe upcoming fund raiser.

5. Operations Overview – a map was shown of the CSA-17 area and where paramedic provider units are located.

## **V. NEW BUSINESS**

### **A. Current Service Delivery Model**

An ambulance configuration of the CSA-17 area was given. Units are staffed with one Paramedic and one Emergency Medical Technician (EMT). There is also a twelve-hour unit with one rural metro paramedic field training officer and one fire fighter paramedic. There are 17 full-time Paramedics, 16 full-time EMT's and one rotating Fire Fighter Paramedic that staff the six CSA-17 ambulance units.

In response to a question from the Advisory Board, an explanation was given of the EMT entry level position, and the lifeguard, fire and ambulance training module. Also discussed was station capability, number of calls per jurisdiction and response time standard.

Current response time standards identified in the CSA-17 contract is under 10 minutes from time of dispatch to arrival on the scene of the incident. It is required that all four jurisdictions meet 90 percent with the exception of Elfin Forest. If the response time of less than ten minutes is not met, the ambulance crew is required to complete and submit an On-Line Exemption Report.

Thirty-six hours of Continuing Education credits are provided through the Rural/Metro Education Department. Runs are reviewed and assessments are done on the paramedic performance vital signs treatment, intervention, the narrative and quality of care.

The Advisory Board requested information on the location of ambulances and information from the operations point of view regarding the Request for Proposal including numbers of calls and ways to improve the system. It was mentioned that there was a difference with covering geography or covering calls, the locations of where most of the calls occur, where the units are best placed and station availability. Also that there are differences from the recommendations made in the Deccan Consultant Study conducted prior to the last RFP.

### **B. Request for Proposal (RFP) Process (Jamie Beam)**

California Health and Safety Code require areas that have previously been competitively procured for ambulance transportation have those services go out to bid at periodic intervals not to exceed 10 years. The process has three phases, development, open solicitation and evaluation phase.

The developmental stage involves the stakeholders. Policies ensure a fair and competitive process and that one party does not have an unfair advantage over another. There will be a request for information (RFI) open public meeting in September for interested providers, advisory board members, board members of the group and interested members of the community to attend and provide input on the service delivery model. Feedback received from the meeting can be used for the development of the solicitation

documents. Because it is a public forum that is open to all, participation will not preclude any potential bidders to submit a proposal. Following this process the development stage becomes closed due to confidentiality and conflict of interest. Subject matter experts can be used in this phase to assist in writing the finalized RFP documents and to incorporate the community feedback after they are vetted for conflict of interest.

The solicitation stage is when the RFP is posted on the public County website. There will be a pre-proposal conference set where interested parties can ask questions specific to the solicitation. Answers will be given out on the website as an addendum to the RFP.

When the RFP closes it goes into the evaluation phase. Proposals are evaluated by a source selection committee to select the proposal that best meets the requirements in the RFP and offers the best value to CSA-17 and the County. Members of the source selection committee will be vetted through the same process as the subject matter experts. When the bid is awarded the transition will start with the new contract to ensure there is no disruption of services in CSA-17. The target date to have the RFP package completed and posted is November 2012. The evaluation of proposals will occur in January 2013 with a target of posting the notice of intent to award the contract by March 2013.

The County has the option to extend the current providers contract date by six months if there are delays in the process.

C. ALS Provider Contract (Jamie Beam)

A recommendation was made to schedule an open public community forum in September to discuss and participate in development of the RFP subject matter. The Advisory Board can also schedule a special meeting to discuss the RFP, but will have to include a notice on the County BuyNet system so any potential bidders can also be included in the discussion.

It was asked that the CSA-17 Advisory Committee make a statement to put in the Board Letter to move ahead with the RFP process. The Board Letter and Board of Supervisor approval is to seek an RFP, not for approval of the RFP process. If the contract exceeds \$1 million annually, it will need to go before the Board of Supervisors for approval.

Lee Haydu made a motion to make a statement for the Board Letter regarding approval for a contract that exceeds \$1 million. There was no second for the motion.

The advisory members suggested scheduling a special meeting before the community meeting in September to discuss the CSA-17 delivery model with CSA-17 advisory members and operations.

Barbara Cerny, CSA-17 Chair will coordinate with the County to schedule a special meeting of the Advisory Committee to discuss the area service delivery model. Profile and data information for discussion should include the number of runs, historical data on how many transports are provided in a time period, type of transport, number of residents and non-residents and demographic information on the area. Minimum requirements on

how services should be met, and how the provider will meet those requirements are from the EMS policies and state guidelines.

**VI. SET NEXT MEETING/ADJOURNMENT**

The next CSA-17 Advisory Board meeting is scheduled for Tuesday, November 6, 2012 at 4:00 p.m.

The meeting was adjourned at 6:08 p.m.

Submitted by

Janet I. Wolchko, Administrative Secretary  
County of San Diego Emergency Medical Services